

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMarlon Bryan Reynolds- 09A4993

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Correctional Officer. N. DarrahGreen Haven Correctional FacilityD. O. C. S

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

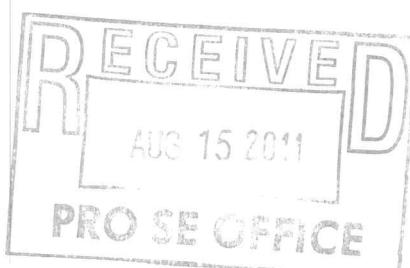
A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Marlon Reynolds
 ID # 09A4993
 Current Institution Upstate Correctional Facility
 Address 309 Bare Hill Rd. P. O. Box - 2001 Malone, NY
12953

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

11 CIV. 5885

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: Yes No
(check one)

Defendant No. 1

Name Officer N. Darrah Shield # ?
 Where Currently Employed Green Haven Corrections
 Address P. O. Box - 4000, Stormville, NY 12582

Defendant No. 2

Name Green Haven C. F. Shield # N/A
 Where Currently Employed N/A
 Address P.O. Box - 4000 Stormville, NY 12582

Defendant No. 3

Name D.O.C.S Shield # N/A
 Where Currently Employed N/A
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? The event had occurred in Green Haven Correctional Facility.

B. Where in the institution did the events giving rise to your claim(s) occur? IN G - Block, on the second deck: 2 Company, in front of my cell (201 BTM), right next to the bubble.

C. What date and approximate time did the events giving rise to your claim(s) occur? On September 23rd 2010, approximately: 9:26 PM. After the closing of the dirt yard rec., which C-Block was assigned to that day.

D.

Facts: On the date and time mentioned (9.23.2010, Approx 9:26 PM), I was locked inside my cell preparing a meal for myself to eat (because I did not go to rec. on the 3pm-11pm shift on the above date). Rec. in the dirt yard was over, and inmates was returning to their companies and cells. Upon the yard return, Officer. Darrah (who was NOT the 3-11pm officer for the 2nd deck that day) opened my cell door for no apparent reason. As I got up off my bunk to see why the officer had opened my cell, I was immediately attacked, knocked unconscious, and seriously assaulted by various inmates. I still (to this very day) do not know and/or understand why the assault was carried out, but I sincerely believe that I was set up by officer. Darrah (whom I had a minor argument with about the shower a week prior in the said dirt yard. I don't know how many inmates was involved in the attack, but I do know that there was more than one. One inmate in particular, was trying to assault me with a weapon, but I do not know if he was the one that caused the lacerations on my face because I was sprayed into the face (by another inmate) with a burning like substance, then I was knock unconscious.

There were a lot of inmates who saw what had happened, because the yard was still returning, but I do know who saw what, because I could not who was actually on the company. And even

III. Injuries: I did not know any inmates Name and Number in Green Haven, so calling someone as a witness was out of the question.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I suffered a 2" laceration to the right cheek and 3/4" laceration to the chin. I also had two minor punctured wounds to the right knee that I did not know was there until I had reached the outside hospital. I had also suffered a sprained wrist during the attack. I received 11 sutures in total for both lacerations, anti-biotics and pain killers (Amoxicillin, I believe) for my face and knee. I required and received a wrist brace while I was temporarily in Green Haven's SHU.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Green Haven Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No _____ Do Not Know _____

If YES, which claim(s)? loss of Property.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

In (or at) Green Haven Correctional Facility.

1. Which claim(s) in this complaint did you grieve? Assault on inmate

and negligence of duty of care.

2. What was the result, if any? My claim was denied.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

First I grieved the issue (which was denied). Then I appeal the issue to the superintendent of the facility (who had sent me a grievant form marked "Code 49"). I had spoke to a sergeant and asked him what "Code 49" means. His response was that the code means "the facility is investigating the matter. I then sent another letter of appeal to CORC, whom in return had denied my claim.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *I had exhausted all my facility remedies, which was anonymously denied by C.O.R.C.*

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *As I already mentioned, I have been seriously injured due to the unprofessionalism of Officer N. Darrah, Green Haven Correctional Facility, and the Department of Correctional Services (who is responsible for my custom, care, and control while I'm temporarily incarcerated). I am seriously traumatized by this malicious attempt on my life, I am very concerned for my safety, and I live in fear of the thought of this incident repeating itself. With that said, I would like for the courts to award me the monetary compensation of \$9,900 for all my injuries, my anguish, and all my sufferings. I would also like for the courts to penalize Officer N. Darrah and Green Haven Correctional Facility for their lack of professionalism and negligence to uphold the rules and regulations of the Department of Correctional Services.*